

PERFORMANCE PLANNING AND REVIEW DOCUMENT

Employee Name: _____ Employee #; _____ Hire Date: _____ Department: _____	Position Title: _____ Review Date: _____ Supervisor's Name: _____ Supv Emp Number: _____
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Items for Discussion	Supervisor's Comments (Required)
PROFESSIONALISM:	
Attitude	
Acceptance of Responsibility	
Dependability	
Professional/Personal Growth	
Attendance	
WORK:	
Job Knowledge	
Work Quality	
Customer Service	
Communication	
Teamwork	
Flexibility	
Safe/Unsafe Work Practices	
OPTIONAL FACTORS:	
EMPLOYEE - INPUT FORM:	
Attached & Discussed	

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Additional comments by Supervisor:

Comments by Employee:

Other performance issues discussed this review period:
_____ **Yes - Please indicate if other documentation exists.**
_____ **No**

Supervisors and employees are required to sign this form. Signatures indicate that the supervisor and employee have discussed performance and the comments written on this document. Signatures do not necessarily indicate agreement.

Supervisor Signature:	_____	Date:	_____
Employee Signature:	_____	Date:	_____
Next-Level Supervisor Signature	_____	Date:	_____

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Employee name: _____
Department: _____
Review Date: _____

PPAR - EMPLOYEE INPUT FORM

(Supervisors: Please add 3 additional questions, either from the list of suggested questions, or questions of your own.)

1. Identify two key projects and/or goals you would like to accomplish in the next review period and what you need to accomplish these projects and/or goals.
2. How can I as your supervisor provide more feedback/support to you?
3.
4.
5.
6.